

Name
in
Full

Annie Braunsen -

CERTIFICATE OF DEATH

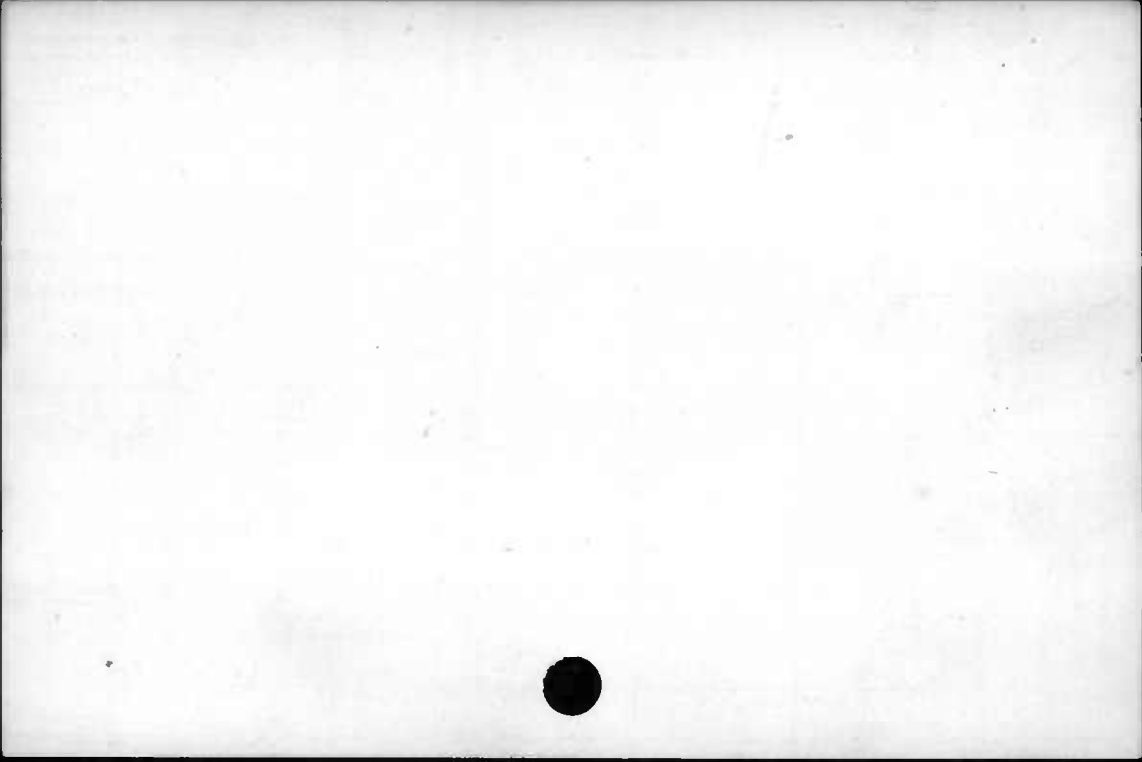
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clements</i> ^{Town}		<i>St. Marys</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>10</i>	Age	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death -			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alex. Braunsen -</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Bernad Smith</i>			How related to deceased <i>None -</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uterine Hemorrhage</i>	How long
Immediate <i>Cardiac Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. B. Johnson -</i>
	Address <i>Wingman -</i>
Accident or Suicide?	



Name
in
Full

William Brown.

CERTIFICATE OF DEATH

Died at ^{Town} Leonardtown ^{County} St Marys

MARYLAND

Date of death 1906 4 13 Age 78 Months 6 Days

Sex Male Color or Race White Birthplace St Marys Md

Occupation Farmer Where Residing If not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name ~~Wm Brown~~

Father's Birthplace Md

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Stuart Brown

How related to deceased Son

CAUSES OF DEATH

Primary Cardiac Insufficiency

How long About one year

Immediate Urinary Poison

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

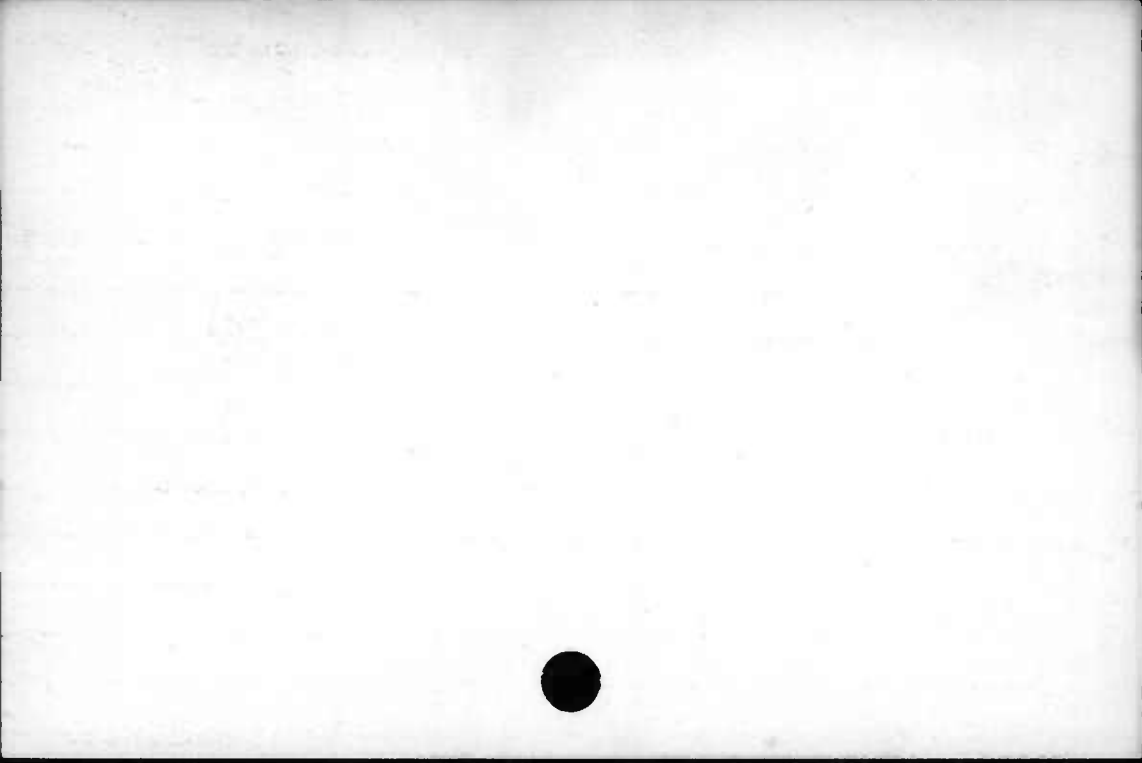
Signature of Physician


Thos L. L. Leonardtown

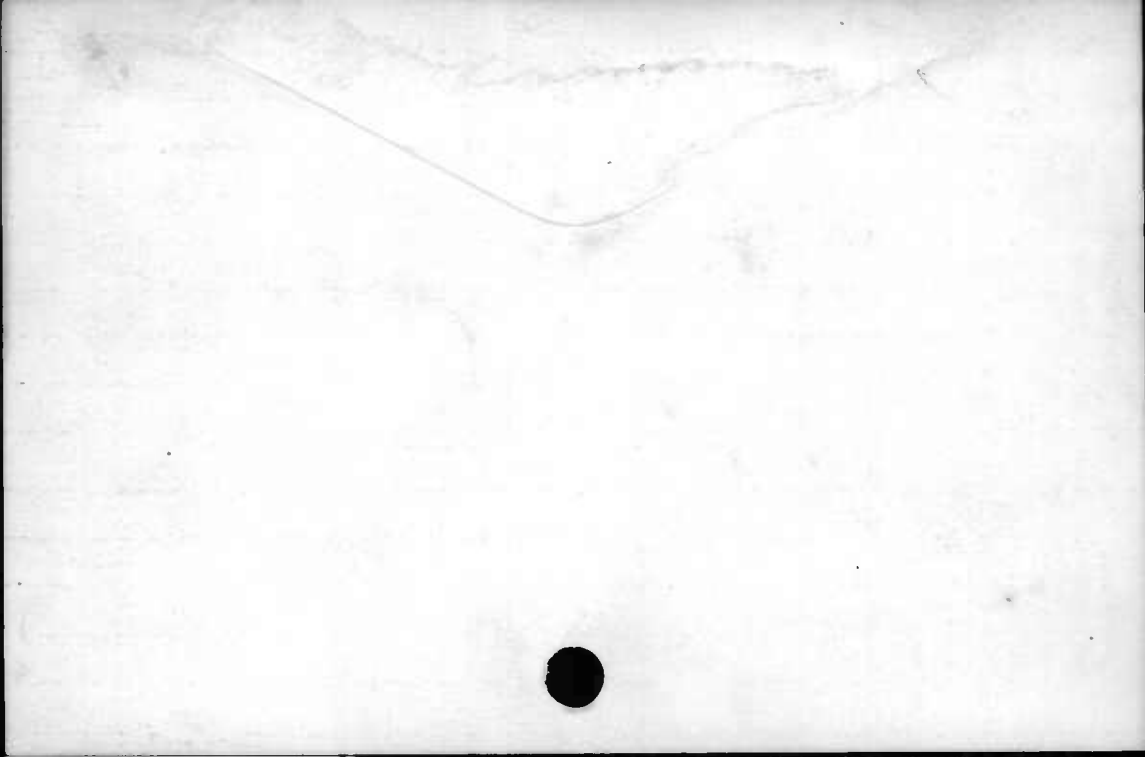
Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Henry Leachman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Leonardtown		County St. Marys		MARYLAND
	Date of death	1906	Month April	Day 15	Age 72	Years	Months - Days -
	Sex	male		Color or Race	colored		
	Occupation	Pensioner		Where Residing if not at place of death		Birth- place	
	Married, Single or Widowed		widowed		Name of Wife or Husband		
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		arterial sclerosis			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
Accident or Suicide?					<div style="text-align: center;">  </div>		



Name
in
Full

CERTIFICATE OF DEATH

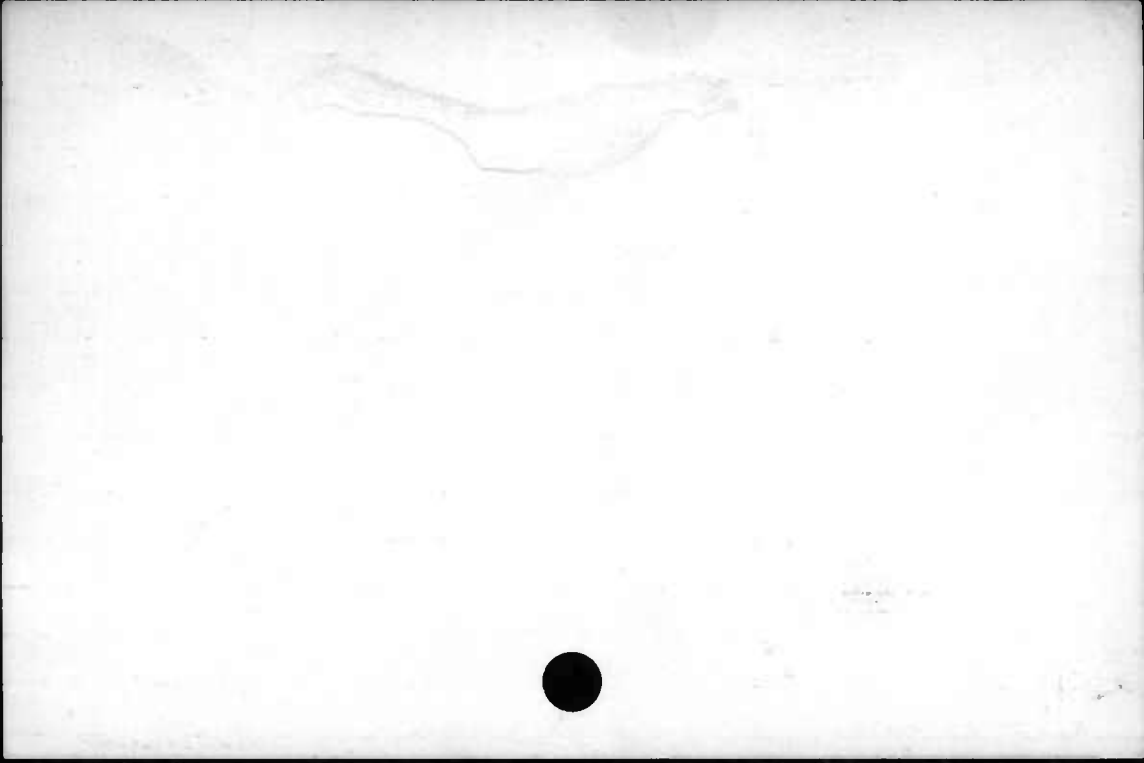
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Abells</i>		Town <i>St. Mary's</i>		County		MARYLAND	
Date of death	1906	Month	4	Day	28	Age	Years <i>—</i> Months <i>4</i> Days <i>13</i>
Sex	<i>male</i>	Color or Race	<i>colored</i>	Birth-place	<i>md</i>		
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>			Name of Wife or Husband <i>—</i>			
Father's Name	<i>Engene Carter</i>			Father's Birthplace	<i>md</i>		
Mother's Maiden Name	<i>Ellie Woodland</i>			Mother's Birthplace	<i>md</i>		
Name of person giving information	<i>Robert Woodland</i>			How related to deceased	<i>md</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(178)</i>	How long	
Immediate	<i>Unknown (child coughed & died immediately)</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. V. Palmer</i>		
	Address <i>Palmer's</i>		
Accident or Suicide?	<i>md</i>		



Name
In
Full

Annie Harris

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Mechanicville

St. Mary's

Date

1906

Month

Apr.

Day

16th

Age

Years

5-

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

St. Mary's Co.

Occupation

Where Residing if not
at place of death

With her uncle

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Thos. H. Harris

Father's
Birthplace

St. Mary's Co., Md.

Mother's
Maiden Name

Virginia Brooks

Mother's
Birthplace

St. Mary's Co.

Name of person giving
In formation

Hilary Harris

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

a year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Zach. R. Morgan, M.D.
Mechanicville, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah M. Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charlotte Hall</i>		Town <i>St. Marys</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Apr.</i>	Day <i>16</i>	Age <i>82</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>Charlotte Hall with her sister near</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Thos. E. Harrison</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Cecelia Dent</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>T. B. Davis</i>	How related to deceased <i>only a friend</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of uterus + General debility</i>	How long <i>Several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Zach. R. Morgan</i>
	Address <i>Mechanicsville, Ind.</i>
Accident or Suicide?	



Name
in
Full

Michael Tayed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Wynn Town St Marys County

Date of death 1906 Month April Day 19 Age 70 Years Months Days

Sex Male Color or Race Colored Birth-place St Marys

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary Taylor

Father's Name Don't know Father's Birthplace

Mother's Maiden Name " " Mother's Birthplace

Name of person giving information Mary Taylor How related to deceased wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Fractured Skull How long 3 Days

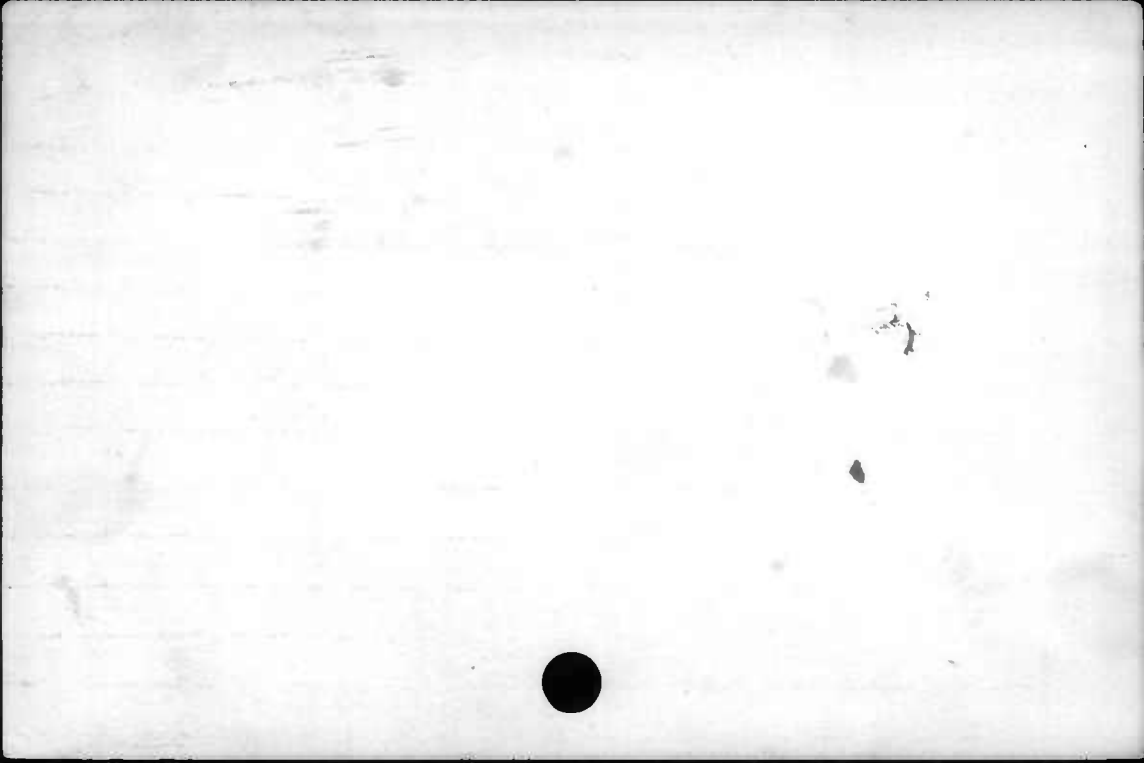
Immediate Compression Brain How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. Lloyd

Address Ridgely

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Agnes Thompson</i>		Town <i>Ridge</i>		County <i>St Marys</i>		MARYLAND	
Died at <i>Ridge</i>		Date of death <i>1906 April 16</i>		Age <i>1</i>		Months <i>8</i> Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Levy C Thompson</i>		Father's Birthplace <i>Ma</i>					
Mother's Maiden Name <i>Emma Brewer</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving information <i>Emma Brewer</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>One month</i>
Immediate <i>Exhaustion</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Boyd</i>
	Address <i>Ridge, Md.</i>
Accident or Suicide?	

